# **GIC Health Plan Rates**

## MONTHLY RATES AS OF JULY 1, 2014 FOR THE CITY OF SOMERVILLE ENROLLEES

### **INCLUDING THE 0.40% ADMINISTRATIVE FEE**

### Active Employees, Retirees and Survivors without Medicare

| Health Plan                                                        | Employee and<br>Non-Medicare<br>Retiree/<br>Survivor Pays<br>Monthly % | Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$ Individual | Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$ Family |
|--------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|
| -                                                                  |                                                                        | Coverage                                                               | Coverage                                                           |
| Fallon Health Direct Care                                          | 17.5%                                                                  | 84.56                                                                  | 202.95                                                             |
| Fallon Health Select Care                                          | 17.5%                                                                  | 107.69                                                                 | 258.46                                                             |
| Harvard Pilgrim Independence Plan                                  | 17.5%                                                                  | 120.07                                                                 | 292.99                                                             |
| Harvard Pilgrim Primary Choice Plan                                | 17.5%                                                                  | 96.06                                                                  | 234.39                                                             |
| Health New England                                                 | 17.5%                                                                  | 84.33                                                                  | 209.07                                                             |
| NHP Care (Neighborhood Health Plan)                                | 17.5%                                                                  | 81.45                                                                  | 215.83                                                             |
| Tufts Health Plan Navigator                                        | 17.5%                                                                  | 108.48                                                                 | 262.08                                                             |
| Tufts Health Plan Spirit                                           | 17.5%                                                                  | 87.56                                                                  | 211.05                                                             |
| UniCare State Indemnity Plan/Basic with CIC (Comprehensive)        | 25%                                                                    | 234.06                                                                 | 546.31                                                             |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) | 25%                                                                    | 223.46                                                                 | 521.71                                                             |
| UniCare State Indemnity Plan/Community Choice                      | 17.5%                                                                  | 79.92                                                                  | 191.80                                                             |
| UniCare State Indemnity Plan/PLUS                                  | 17.5%                                                                  | 114.96                                                                 | 274.35                                                             |

#### **Retirees and Survivors with Medicare**

|                                                                                       | Retiree and Survivor<br>Retiree/Survivor Pays Monthly<br>Per Person |       |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------|
| Health Plan                                                                           | %                                                                   | \$    |
| Fallon Senior Plan*                                                                   | 17.5%                                                               | 50.89 |
| Harvard Pilgrim Medicare Enhance                                                      | 25%                                                                 | 98.70 |
| Health New England MedPlus                                                            | 17.5%                                                               | 63.55 |
| Tufts Health Plan Medicare Complement*                                                | 17.5%                                                               | 60.97 |
| Tufts Health Plan Medicare Preferred                                                  | 17.5%                                                               | 46.65 |
| UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)        | 25%                                                                 | 94.86 |
| UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive) | 25%                                                                 | 92.16 |

<sup>\*</sup>Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2015.

Rates are calculated by the City of Somerville Human Resources Department

RATE QUESTIONS?
CALL PERSONNEL: 617-625-6600 x3324